

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>THE O'GARA GROUP, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>02/10/2006</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>THE O'GARA GROUP, INC.</u> <u>7870 EAST KEMPER RD</u> <u>SUITE 460</u> <u>CINCINNATI, OH 45249</u>	2b Employer Identification Number (EIN) <u>20-2790142</u> 2c Sponsor's telephone number <u>513-703-5788</u> 2d Business code (see instructions) <u>541990</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2012</u>	<u>JOHN RICHTER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE O'GARA GROUP, INC. 7870 EAST KEMPER RD SUITE 460 CINCINNATI, OH 45249	3b Administrator's EIN 20-2790142 3c Administrator's telephone number 513-703-5788
---	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	512
---	----------	-----

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	525
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	43
d Subtotal. Add lines 6a , 6b , and 6c	6d	568
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	568
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	115
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>THE O'GARA GROUP, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE O'GARA GROUP, INC.</u>	D Employer Identification Number (EIN) <u>20-2790142</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	550	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS PARTNERS A - BOSTON FINANCIAL DA 04-2526037	0.55%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WFA SMALL CO VALUE A - BOSTON FINAN 04-2526037	0.55%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan THE O'GARA GROUP, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE O'GARA GROUP, INC.	D Employer Identification Number (EIN) 20-2790142	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	366592	320433
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	124827	80240
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4065004	4482880
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4556423	4883553

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4556423	4883553
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	238420	
(B) Participants	2a(1)(B)	515500	
(C) Others (including rollovers)	2a(1)(C)	105184	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		859104
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6258	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6289
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	105203	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		105203
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-316810
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		653786

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	301923	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		301923
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		23447
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	699	
(4) Other	2i(4)	587	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1286
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		326656

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		327130
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: VONLEHMAN AND COMPANY (2) EIN: 31-0905417

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>THE O'GARA GROUP, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE O'GARA GROUP, INC.</u>	D Employer Identification Number (EIN) <u>20-2790142</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2011
v.012611

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

THE O'GARA GROUP, INC. 401(K) PLAN

December 31, 2011

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'
REPORT INCLUDING SUPPLEMENTAL SCHEDULES*



VonLehman & Company Inc. vlcpa.com

4755 Lake Forest Drive, Suite 100 Cincinnati, OH 45242-3836 513.891.5911 F 513.891.5969

250 Grandview Drive, Suite 300 Fort Mitchell, KY 41017-5610 859.331.3300 F 859.331.4358

**THE O’GARA GROUP, INC. 401(K) PLAN
TABLE OF CONTENTS**

	PAGE
Independent Auditors' Report	
Financial Statements	
Statements of Net Assets Available for Benefits	1
Statements of Changes in Net Assets Available for Benefits	2
Notes to the Financial Statements	3 - 10
Supplemental Schedules	
Schedule of Assets Held at End of Year	11 - 12
Schedule of Reportable Transactions	13 - 14

INDEPENDENT AUDITORS' REPORT

To the Sponsor and Trustee of
The O'Gara Group, Inc. 401(k) Plan
Florence, Kentucky

We were engaged to audit the accompanying statements of net assets available for benefits of The O'Gara Group, Inc. 401(k) Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the Plan years ended December 31, 2011 and 2010, and the supplemental schedules as of and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

VonLehman & Company Inc.

Fort Mitchell, Kentucky
October 6, 2012

THE O'GARA GROUP, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
	2011	2010
Investments at Fair Value		
Money Market Funds	\$ 320,433	\$ 366,592
Mutual Funds	<u>4,482,880</u>	<u>4,065,004</u>
Total Investments at Fair Value	<u>4,803,313</u>	<u>4,431,596</u>
Contributions Receivable		
Employee	8,943	11,201
Employer	<u>4,342</u>	<u>5,852</u>
Total Contributions Receivable	<u>13,285</u>	<u>17,053</u>
Notes Receivable from Participants	<u>80,240</u>	<u>124,827</u>
Net Assets Available for Benefits	<u><u>\$ 4,896,838</u></u>	<u><u>\$ 4,573,476</u></u>

See accompanying notes.

THE O'GARA GROUP, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2011	2010
Additions to Net Assets Attributed To		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ -	\$ 494,123
Interest and Dividends	105,234	65,683
Total Investment Income	105,234	559,806
Interest on Notes Receivable from Participants	6,258	6,747
Contributions		
Employee	509,870	477,314
Employer	240,282	213,483
Rollovers	105,184	-
Total Contributions	855,336	690,797
Total Additions	966,828	1,257,350
Deductions from Net Assets Attributed To		
Net Depreciation in Fair Value of Investments	316,810	-
Benefits Paid to Participants	301,923	702,825
Deemed Distribution of Notes Receivable from Participants	23,447	-
Administrative Expenses	1,286	4,548
Total Deductions	643,466	707,373
Increase in Net Assets	323,362	549,977
Net Assets Available for Benefits		
Beginning of Plan Year	4,573,476	4,023,499
End of Plan Year	\$ 4,896,838	\$ 4,573,476

See accompanying notes.

**THE O'GARA GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of The O'Gara Group, Inc. (Company) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement and the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a cash or deferral arrangement covering all full-time employees of the Company. Entry into the Plan is available on the first day of each month and after obtaining the age of 21. Employees are automatically eligible for receiving employer contributions when they enter the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 90% of pretax annual compensation (subject to certain IRS limitations), as defined in the plan. Participants may also contribute amounts representing distributions (rollovers) from other qualified plans.

Safe harbor employer matching contributions are made each year. For the years ended December 31, 2011 and 2010, these contributions were equal to 100% of the employee's first 3% of deferrals and 50% of the next 2% of deferrals. Also, each year, the Company's Board of Directors shall determine the discretionary profit sharing contribution to be made to the Plan. There was no discretionary profit sharing contribution from the Company in 2011 and 2010.

Participant Accounts

Each participant's account is credited with (a) the Company's profit sharing contribution, if any, matching contributions and employee deferrals and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the amount that can be provided from the participant's account.

Notes Receivable from Participants

Participants of the Plan may borrow up to 50% of their vested account balance. The minimum note amount is \$1,000 and the maximum note amount is \$50,000. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate. Principal and interest is paid ratably through payroll deductions.

Vesting

Participants are immediately fully vested in their 401(k) elective deferral account, rollover contributions and safe harbor matching contributions. Vesting for the employer discretionary profit sharing contributions portion of their accounts follows a two year cliff vesting schedule as defined in the Plan.

NOTE 1 – DESCRIPTION OF PLAN (Continued)**Payment of Benefits**

Upon retirement, other termination, death or permanent disability, a participant or beneficiary may elect to receive either a single lump sum cash payment or any other form agreed upon by the Plan administrator and participant. Distributions will be automatically made for any non-vested balance of less than \$1,000.

Forfeitures

Forfeitures of terminated participants that are not fully vested are used to offset administrative expenses.

Administrative Expenses

The administrative expenses of the Plan are paid by the Plan's sponsor.

Self-Directed Accounts

The Plan allows the employee elective 401(k) deferrals and employer contributions to be held in self-directed investment programs.

Use of Estimates

The process of preparing financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues, and expenses. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**Basis of Accounting**

The Plan prepares its financial statements in conformity with U.S. generally accepted accounting principles customary for 401(k) profit sharing plans.

Method of Valuing Investments

If available, quoted market prices are used to value investments. Securities that have no quoted market price are shown at estimated fair value.

Net Assets Available for Benefits

Net assets available for benefits at December 31, 2011 and 2010 included \$-0- allocated to the accounts of persons who, prior to that date, had withdrawn from participating in the earnings and operations of the Plan.

NOTE 3 – INVESTMENTS

The following table presents investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets available for benefits. All assets are held in self-directed investment programs.

Investments at Fair Value as Determined by Quoted Market Price	2011	
	No. of Shares	Fair Value
<u>Mutual Funds</u>		
Fidelity Retirement Money Market	320,432.660	\$ 320,433
Fidelity Contrafund	6,604.968	445,571
Fidelity Investment Growth Bond Fund	38,604.870	298,030
Fidelity Capital and Income Fund	35,843.274	310,761
Fidelity Leveraged Company Stock Fund	12,473.602	313,212
Fidelity International Discovery Fund	12,882.032	355,673
Fidelity Freedom 2040 Fund	34,626.479	254,851
Fidelity Freedom 2035 Fund	25,884.046	273,077
RS Partners A Fund	9,681.532	283,475

Investments at Fair Value as Determined by Quoted Market Price	2010	
	No. of Shares	Fair Value
<u>Mutual Funds</u>		
Fidelity Retirement Money Market	366,591.960	\$ 366,592
Fidelity Contrafund	6,398.192	433,350
Fidelity Leveraged Company Stock Fund	11,517.811	327,336
Fidelity International Discovery Fund	9,711.152	320,857
Fidelity Expense and Multinational Fund	11,247.608	245,310
Fidelity Freedom 2040 Fund	32,235.884	258,209
Fidelity Freedom 2035 Fund	20,986.229	240,712
RS Partners A Fund	8,867.208	293,416

The Plan's investments bought, sold, as well as held during the years shown below, (depreciation) / appreciated in value as follows:

Investments at Fair Value as Determined by Quoted Market Price	Net (Depreciation) / Appreciation in Fair Value for the Years Ended December 31,	
Mutual Funds	\$ (316,810)	\$ 494,123

NOTE 4 – FORFEITURES

For the year ended December 31, 2011 and 2010, forfeitures used to reduce administrative expenses were \$-0- and \$2,820, respectively. The amount of forfeitures remaining in the Plan at December 31, 2011 and 2010 was \$133.

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become one hundred percent (100%) vested in their accounts including employee deferrals, employer discretionary profit sharing, and safe-harbor employer match balances.

NOTE 6 – TAX STATUS

The Plan has adopted a prototype plan provided by Fidelity Management and Research Company. The Internal Revenue Service has provided an opinion letter and informed Fidelity Management and Research Company by a letter dated October 9, 2003 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more than likely would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years still open under federal statute of limitations remain subject to review and change.

NOTE 7 – LIMITED SCOPE AUDIT

At December 31, 2011 and 2010, Fidelity Management Trust Company, the Plan's trustee, holds all of the Plan's assets and is subject to periodic examination by regulatory agencies. The audits did not cover any information on Plan assets or related transactions involving the trustee, Fidelity Management Trust Company. Instead, Fidelity Management Trust Company has prepared and certified a statement as to the complete and accurate information concerning Plan assets and the related transactions.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee Association, or relatives of such persons.

The Plan invests in certain investments of the Plan trustee, and fees for trust services and for administrative expenses paid by the Plan were \$1,286 and \$4,548 for 2011 and 2010, respectively.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits at December 31, 2011 and 2010 and employee and employer contributions for the year ended December 31, 2011 and 2010 to Schedule H of the Form 5500.

	Years Ended December 31,	
	2011	2010
Net Assets Reflecting all Investments at Fair Value per the Financial Statements	\$ 4,896,838	\$ 4,573,476
Less Employer Contribution Receivable	(4,342)	(5,852)
Less Employee Contribution Receivable	<u>(8,943)</u>	<u>(11,201)</u>
Net Assets Available for Benefits per Schedule H to the Form 5500	\$ <u>4,883,553</u>	\$ <u>4,556,423</u>
Employer Contributions per the Financial Statements	\$ 240,282	\$ 213,483
Error in Contribution Allocation	(3,372)	(2,716)
Less Employer Contributions Receivable at End of Year	(4,342)	(5,852)
Plus Employer Contributions Receivable at Beginning of Year	<u>5,852</u>	<u>3,873</u>
Employer Contributions per Schedule H to the Form 5500	\$ <u>238,420</u>	\$ <u>208,788</u>
Employee Contributions per the Financial Statements	\$ 509,870	\$ 477,314
Error in Contribution Allocation	3,372	2,716
Less Employee Contributions Receivable at End of Year	(8,943)	(11,201)
Plus Employee Contributions Receivable at Beginning of Year	<u>11,201</u>	<u>8,286</u>
Employee Contributions per Schedule H to the Form 5500	\$ <u>515,500</u>	\$ <u>477,115</u>

NOTE 10 – RECONCILIATION OF NET ASSETS WITH PARTICIPANTS' ACCOUNTS

	2011	2010
Balance of Participants' Accounts	\$ 4,883,420	\$ 4,556,290
Contributions Receivable	13,285	17,053
Unallocated Forfeitures	133	133
Net Assets Available for Benefits	<u>\$ 4,896,838</u>	<u>\$ 4,573,476</u>

NOTE 11 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 12 – FAIR VALUE MEASUREMENTS

Accounting Pronouncements establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs for the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual Funds – valued at the net asset value (NAV) of shares held by the plan at year end.

NOTE 12 – FAIR VALUE MEASUREMENTS (Continued)

The preceding methods described may provide a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the operating date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2011:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
Lifecycle Funds	\$ 1,173,210	\$ -	\$ -	\$ 1,173,210
Bond Funds	422,166	-	-	422,166
High Yield Funds	310,761	-	-	310,761
Balanced/Hybrid Funds	22,559	-	-	22,559
Domestic Equity Large Value Funds	49,356	-	-	49,356
Domestic Equity Large Blend Funds	195,945	-	-	195,945
Domestic Equity Large Growth Funds	751,480	-	-	751,480
Domestic Equity Mid Value Funds	352,874	-	-	352,874
Domestic Equity Mid Blend Funds	313,212	-	-	313,212
Domestic Equity Mid Growth Funds	142,160	-	-	142,160
Domestic Equity Small Growth Funds	89,777	-	-	89,777
Domestic Equity Small Value Funds	16,895	-	-	16,895
International/Global Funds	442,485	-	-	442,485
Total Assets at Fair Value	<u>\$ 4,282,880</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,282,880</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2010:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
Lifecycle Funds	\$ 1,070,300	\$ -	\$ -	\$ 1,070,300
Bond Funds	190,101	-	-	190,101
High Yield Funds	213,262	-	-	213,262
Balanced/Hybrid Funds	152,505	-	-	152,505
Domestic Equity Large Value Funds	51,469	-	-	51,469
Domestic Equity Large Blend Funds	170,242	-	-	170,242
Domestic Equity Large Growth Funds	763,474	-	-	763,474
Domestic Equity Mid Value Funds	385,916	-	-	385,916
Domestic Equity Mid Blend Funds	327,336	-	-	327,336
Domestic Equity Mid Growth Funds	187,699	-	-	187,699
Domestic Equity Small Growth Funds	104,711	-	-	104,711
Domestic Equity Small Value Funds	20,552	-	-	20,552
International/Global Funds	427,437	-	-	427,437
Total Assets at Fair Value	<u>\$ 4,065,004</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,065,004</u>

Gains and losses (realized and unrealized) included changes in net assets available for benefits for the year ended December 31, 2011 and 2010 are reported in net (depreciation) / appreciation in fair value of investments.

NOTE 13 – SUBSEQUENT EVENTS

Management has evaluated events through October 6, 2012, the date on which the financial statements were available for issue. The Plan did not have any events subsequent to December 31, 2011 through October 6, 2012 to disclose.

SUPPLEMENTAL SCHEDULES

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-2790142
PLAN NO.: 001

Title	December 31, 2011		
	Number of Shares	Cost	Fair Market Value
Money Market Funds			
* Fidelity Retirement Money Market	320,432.660	\$ <u>320,433</u>	\$ <u>320,433</u>
Mutual Funds			
* Fidelity Contrafund	6,604.968	\$ 408,013	\$ 445,571
* Fidelity Investment Growth Bond	38,604.870	291,546	298,030
* Fidelity Capital and Income Fund	35,843.274	307,236	310,761
* Fidelity Value Fund	1,093.413	61,950	69,399
* Fidelity Leveraged Company Stock Fund	12,473.602	305,068	313,212
* Fidelity Balanced Fund	12,235.247	213,870	222,559
* Fidelity International Discovery Fund	12,882.032	413,399	355,673
* Fidelity Capital Appreciation Fund	3,563.172	84,058	87,725
* Fidelity Disciplined Equity Fund	2,874.443	73,012	61,829
* Fidelity Expense and Multinational Fund	10,550.475	201,391	218,184
* Fidelity Small Cap Independent Fund	4,979.305	82,835	89,777
* Fidelity Freedom Income Fund	123.231	1,348	1,385
* Fidelity Freedom 2000 Fund	171.018	1,988	2,032
* Fidelity Freedom 2010 Fund	221.220	2,796	2,898
* Fidelity Freedom 2020 Fund	16,305.483	226,673	213,928
* Fidelity Freedom 2030 Fund	11,478.297	155,774	147,381
* Spartan International Index Fund	2,918.053	100,084	86,812
* Fidelity Short Term Bond Fund	9,646.154	81,069	81,896
* Spartan US Equity Index Fund	3,014.526	122,586	134,116
* Fidelity US Bond Index Fund	3,585.788	40,478	42,240
* Fidelity Large Cap Value Fund	4,796.477	52,230	49,356
* Fidelity Freedom 2040 Fund	34,626.479	280,339	254,851
* Fidelity Mid Cap Growth Fund	12,470.212	135,614	142,160
* Fidelity Freedom 2005 Fund	1,633.090	18,120	17,180
* Fidelity Freedom 2015 Fund	2,209.393	24,286	24,149
* Fidelity Freedom 2025 Fund	15,772.116	175,917	170,497
* Fidelity Freedom 2035 Fund	25,884.046	289,574	273,077
* Fidelity Freedom 2045 Fund	7,053.935	64,364	61,299
* Fidelity Freedom 2050 Fund	830.838	4,600	4,533
RS Partners A Fund	9,681.532	266,161	283,475
Wells Fargo Advantage Small Company Value Fund	1,357.001	<u>16,333</u>	<u>16,895</u>
		\$ <u>4,502,712</u>	\$ <u>4,482,880</u>
Notes Receivable from Participants			
(4.25% - 9.50%)		\$ <u>-</u>	\$ <u>80,240</u>

* Denotes Party-In-Interest

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-2790142
PLAN NO.: 001

Title	December 31, 2010		
	Number of Shares	Cost	Fair Market Value
Money Market Funds			
* Fidelity Retirement Money Market	366,591.960	\$ <u>366,592</u>	\$ <u>366,592</u>
Mutual Funds			
* Fidelity Contrafund	6,398.192	\$ 384,094	\$ 433,350
* Fidelity Investment Growth Bond	11,366.800	82,080	84,001
* Fidelity Capital and Income Fund	22,615.284	181,368	213,262
* Fidelity Value Fund	1,346.632	72,688	92,500
* Fidelity Leveraged Company Stock Fund	11,517.811	276,746	327,336
* Fidelity Balanced Fund	8,365.631	139,435	152,505
* Fidelity International Discovery Fund	9,711.152	316,665	320,857
* Fidelity Capital Appreciation Fund	3,347.053	70,932	84,814
* Fidelity Disciplined Equity Fund	2,557.658	65,911	57,624
* Fidelity Expense and Multinational Fund	11,247.608	212,721	245,310
* Fidelity Small Cap Independent Fund	5,656.981	88,345	104,711
* Fidelity Freedom Income Fund	103.437	1,122	1,167
* Fidelity Freedom 2000 Fund	128.633	1,475	1,536
* Fidelity Freedom 2010 Fund	185.606	2,307	2,522
* Fidelity Freedom 2020 Fund	14,465.196	201,275	199,475
* Fidelity Freedom 2030 Fund	10,619.009	143,270	146,224
* Spartan International Index Fund	3,030.428	102,754	106,580
* Fidelity Short Term Bond Fund	7,680.453	64,231	64,977
* Spartan US Equity Index Fund	2,531.877	97,650	112,618
* Fidelity US Bond Index Fund	3,629.582	40,057	41,123
* Fidelity Large Cap Value Fund	4,892.513	50,865	51,469
* Fidelity Freedom 2040 Fund	32,235.884	262,243	258,209
* Fidelity Mid Cap Growth Fund	15,088.315	159,661	187,699
* Fidelity Freedom 2005 Fund	1,421.132	15,830	15,362
* Fidelity Freedom 2015 Fund	1,613.289	17,508	18,295
* Fidelity Freedom 2025 Fund	12,929.404	142,239	148,947
* Fidelity Freedom 2035 Fund	20,986.229	237,820	240,712
* Fidelity Freedom 2045 Fund	3,571.613	31,391	33,895
* Fidelity Freedom 2050 Fund	421.751	3,605	3,956
RS Partners A Fund	8,867.208	237,754	293,416
Wells Fargo Advantage Small Company Value Fund	1,565.295	<u>15,010</u>	<u>20,552</u>
		\$ <u>3,719,052</u>	\$ <u>4,065,004</u>
Notes Receivable from Participants			
(4.25% - 9.50%)		\$ <u>-</u>	\$ <u>124,827</u>

* Denotes Party-In-Interest

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2011
FORM 5500, SCHEDULE H, PART IV, 4, j
EIN: 20-2790142
PLAN NO.: 001

Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year

Description of Party Involved and Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain
--	---------------------------	--------------------------	---	--------------------------	--	---------------------

-NONE-

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010
FORM 5500, SCHEDULE H, PART IV, 4, j
EIN: 20-2790142
PLAN NO.: 001

Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year

Description of Party Involved and Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain
--	---------------------------	--------------------------	---	--------------------------	--	---------------------

-NONE-

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-2790142
PLAN NO.: 001

Title	December 31, 2011		
	Number of Shares	Cost	Fair Market Value
Money Market Funds			
* Fidelity Retirement Money Market	320,432.660	\$ 320,433	\$ 320,433
Mutual Funds			
* Fidelity Contrafund	6,604.968	\$ 408,013	\$ 445,571
* Fidelity Investment Growth Bond	38,604.870	291,546	298,030
* Fidelity Capital and Income Fund	35,843.274	307,236	310,761
* Fidelity Value Fund	1,093.413	61,950	69,399
* Fidelity Leveraged Company Stock Fund	12,473.602	305,068	313,212
* Fidelity Balanced Fund	12,235.247	213,870	222,559
* Fidelity International Discovery Fund	12,882.032	413,399	355,673
* Fidelity Capital Appreciation Fund	3,563.172	84,058	87,725
* Fidelity Disciplined Equity Fund	2,874.443	73,012	61,829
* Fidelity Expense and Multinational Fund	10,550.475	201,391	218,184
* Fidelity Small Cap Independent Fund	4,979.305	82,835	89,777
* Fidelity Freedom Income Fund	123.231	1,348	1,385
* Fidelity Freedom 2000 Fund	171.018	1,988	2,032
* Fidelity Freedom 2010 Fund	221.220	2,796	2,898
* Fidelity Freedom 2020 Fund	16,305.483	226,673	213,928
* Fidelity Freedom 2030 Fund	11,478.297	155,774	147,381
Spartan International Index Fund	2,918.053	100,084	86,812
* Fidelity Short Term Bond Fund	9,646.154	81,069	81,896
Spartan US Equity Index Fund	3,014.526	122,586	134,116
* Fidelity US Bond Index Fund	3,585.788	40,478	42,240
* Fidelity Large Cap Value Fund	4,796.477	52,230	49,356
* Fidelity Freedom 2040 Fund	34,626.479	280,339	254,851
* Fidelity Mid Cap Growth Fund	12,470.212	135,614	142,160
* Fidelity Freedom 2005 Fund	1,633.090	18,120	17,180
* Fidelity Freedom 2015 Fund	2,209.393	24,286	24,149
* Fidelity Freedom 2025 Fund	15,772.116	175,917	170,497
* Fidelity Freedom 2035 Fund	25,884.046	289,574	273,077
* Fidelity Freedom 2045 Fund	7,053.935	64,364	61,299
* Fidelity Freedom 2050 Fund	830.838	4,600	4,533
RS Partners A Fund	9,681.532	266,161	283,475
Wells Fargo Advantage Small Company Value Fund	1,357.001	16,333	16,895
		\$ 4,502,712	\$ 4,482,880
Notes Receivable from Participants			
(4.25% - 9.50%)		\$ -	\$ 80,240

* Denotes Party-In-Interest

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-2790142
PLAN NO.: 001

Title	December 31, 2010		
	Number of Shares	Cost	Fair Market Value
Money Market Funds			
* Fidelity Retirement Money Market	366,591.960	\$ 366,592	\$ 366,592
Mutual Funds			
* Fidelity Contrafund	6,398.192	\$ 384,094	\$ 433,350
* Fidelity Investment Growth Bond	11,366.800	82,080	84,001
* Fidelity Capital and Income Fund	22,615.284	181,368	213,262
* Fidelity Value Fund	1,346.632	72,688	92,500
* Fidelity Leveraged Company Stock Fund	11,517.811	276,746	327,336
* Fidelity Balanced Fund	8,365.631	139,435	152,505
* Fidelity International Discovery Fund	9,711.152	316,665	320,857
* Fidelity Capital Appreciation Fund	3,347.053	70,932	84,814
* Fidelity Disciplined Equity Fund	2,557.658	65,911	57,624
* Fidelity Expense and Multinational Fund	11,247.608	212,721	245,310
* Fidelity Small Cap Independent Fund	5,656.981	88,345	104,711
* Fidelity Freedom Income Fund	103.437	1,122	1,167
* Fidelity Freedom 2000 Fund	128.633	1,475	1,536
* Fidelity Freedom 2010 Fund	185.606	2,307	2,522
* Fidelity Freedom 2020 Fund	14,465.196	201,275	199,475
* Fidelity Freedom 2030 Fund	10,619.009	143,270	146,224
Spartan International Index Fund	3,030.428	102,754	106,580
* Fidelity Short Term Bond Fund	7,680.453	64,231	64,977
Spartan US Equity Index Fund	2,531.877	97,650	112,618
* Fidelity US Bond Index Fund	3,629.582	40,057	41,123
* Fidelity Large Cap Value Fund	4,892.513	50,865	51,469
* Fidelity Freedom 2040 Fund	32,235.884	262,243	258,209
* Fidelity Mid Cap Growth Fund	15,088.315	159,661	187,699
* Fidelity Freedom 2005 Fund	1,421.132	15,830	15,362
* Fidelity Freedom 2015 Fund	1,613.289	17,508	18,295
* Fidelity Freedom 2025 Fund	12,929.404	142,239	148,947
* Fidelity Freedom 2035 Fund	20,986.229	237,820	240,712
* Fidelity Freedom 2045 Fund	3,571.613	31,391	33,895
* Fidelity Freedom 2050 Fund	421.751	3,605	3,956
RS Partners A Fund	8,867.208	237,754	293,416
Wells Fargo Advantage Small Company Value Fund	1,565.295	15,010	20,552
		\$ 3,719,052	\$ 4,065,004
Notes Receivable from Participants			
(4.25% - 9.50%)		\$ -	\$ 124,827

* Denotes Party-In-Interest

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2011
FORM 5500, SCHEDULE H, PART IV, 4, j
EIN: 20-2790142
PLAN NO.: 001

Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year

Description of Party Involved and Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain
--	---------------------------	--------------------------	---	--------------------------	--	---------------------

-NONE-

THE O'GARA GROUP, INC. 401(K) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010
FORM 5500, SCHEDULE H, PART IV, 4, j
EIN: 20-2790142
PLAN NO.: 001

Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year

Description of Party Involved and Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain
--	---------------------------	--------------------------	---	--------------------------	--	---------------------

-NONE-